



MEDICAL TREATMENT OF PRISONER
PD 244-150 (Rev. 12-99)-Pent-RMU

Date

7/1/13

SECTION I - TO BE COMPLETED BY N.Y.P.D.

Prisoner's Name (Last, First, M.I.) (Print)

CORTES, GONZALO

Address

[REDACTED]

Zip Code

11106

Apt.

Age 44 Sex M

Arresting Officer:	Rank (Print) Name (Last, First, M.I.)	Signature	Shield No.	Tax Reg. No.	Command
PO	Smith	[Signature]	9407	952253	169

Arrest No.	Cmd. Of Arrest	Charge
213639344	115	PL-120.00 / PL-240.26

Escort Officer:	Rank (Print) Name (Last, First, M.I.)	Signature	Shield No.	Tax Reg. No.	Command
PO	Sindia	[Signature]	6503	939399	115

Prisoner Requests/Requires Medical Aid	Prisoner Refused Medical Aid	Date	Time	Prisoner's Signature
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7/1/13 0735

Transported To Hospital (Name)	Date	Time	Via Patrol	RMP #	ACR#	Operator Rank (Print) Name (Last, First, M.I.)
EGH	7/1/13	0735	Wagon #		PCR #	

Returned From Hospital	Attempted Suicide	Nature Of Illness/Injury	If Injury
Date 7/1/13 Time 1400	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAIN TO RT. SHOULDER	<input type="checkbox"/> Old <input checked="" type="checkbox"/> New

Restraining Devices Used	E. S. U. Responded	If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)
<input type="checkbox"/> Yes Type	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Prescription Medication <input type="checkbox"/> Yes	Prescription Number And Name Of Physician	Pharmacy / Phone No.	Property Clerk/Invoice No./Cmd.
Possessed At Arrest <input checked="" type="checkbox"/> No			

Remarks:

PRISONER SUSTAINED A MINOR LACERATION TO
RT. HAND AND A COMPLAINT OF PAIN TO
RT. SHOULDER, WAS CHECKED AND REFERRED
BY EGM GEN. HOSPITAL.

JU REP
EPM
BZD
NED
LNG
S
D
W
H

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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E.M.S. Field Personnel	Print Name (Last, First, M.I.)	Shield #	Date	Time	Refer To Hospital Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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E.M.S. Court Section	Print Name (Last, First, M.I.)	Shield #	Date	Time	Refer To Hospital Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NYPD Supervisor/ Desk Officer	Rank (Print) Name (Last, First, M.I.)	Signature	Cmd. Of Arrest/Court Section	Date	Time
	[Signature]	[Signature]	115	7/1/13	0600

SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF

Admitted To Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suicide Watch Recommended By Hospital Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transfer to Psychiatric Hospital Recommended By Hospital Medical Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication Prescribed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medication To Be Taken As Prescribed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medication To Travel With Prisoner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Refer To Psychiatric Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Print Name (Last, First, M.I.)	Signature	Title	Date	Time
FERNANDO DINI	[Signature]	MD	7/1/13	1310

NYPD Court Section Supervisor:	Rank (Print) Name (Last, First, M.I.)	Signature	Court Section	Date	Time
	[Signature]	[Signature]	QCS	7/1/13	150

Received By Department Of Correction:	Rank (Print) Name (Last, First, M.I.)	Signature	Shield / I. D. #	Date	Time
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DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK – DEPT. OF CORRECTION, 4. BUFF – CMD. OF ARREST, 5. GREEN – ARRAIGNING JUDGE.
(Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL.

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